

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
07 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robin Hillier

Signature of Treasurer

Ms. Robin Hillier

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
08 18 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">170806.91</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">103543.79</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">13526.66</span>	<span style="border: 1px solid black; padding: 2px;">346939.67</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">117070.45</span>	<span style="border: 1px solid black; padding: 2px;">517746.58</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">8116.05</span>	<span style="border: 1px solid black; padding: 2px;">408792.18</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">108954.40</span>	<span style="border: 1px solid black; padding: 2px;">108954.40</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 01 2016

To:

 M M / D D / Y Y Y Y Y  
 07 31 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12039.26

322021.05

(ii) Unitemized .....

1487.40

13918.62

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

13526.66

335939.67

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

10000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

13526.66

345939.67

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

1000.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

13526.66

346939.67

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

13526.66

346939.67

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	616.05	6172.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	616.05	6172.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	381000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5619.87
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5619.87
29. Other Disbursements .....	0.00	16000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8116.05	408792.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8116.05	408792.18

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13526.66	345939.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5619.87
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13526.66	340319.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	616.05	6172.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	616.05	6172.31

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Martin Allen**

Mailing Address 333 N. Summit Street

City State Zip Code  
Toledo OH 43614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2016

**Transaction ID : C3347082**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Linda Austin**

Mailing Address 405 Times Avenue

City State Zip Code  
Lafayette TN 37083-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Knollwood Manor

Occupation

Administrator/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : C3346331**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Scott Averill**

Mailing Address 511 Market  
Box 368

City State Zip Code  
Overbrook KS 66524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellsville Retirement Community

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2016

**Transaction ID : C3358416**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Douglas Burr**

Mailing Address 11851 Wilde Run Court

City State Zip Code  
 Roswell GA 30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Navigator LLC

Occupation

VP Finance, Reimb & Gov't Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 04 / 2016

**Transaction ID : C3345162**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Daniel Ciolek**

Mailing Address 1201 L Street NW

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AHCA

Occupation

Associate VP, Therapy Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2016

**Transaction ID : C3370336**

Amount of Each Receipt this Period

150.00

☐ Memo Item

\* Payroll Deduction: \$75.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. David Ellis**

Mailing Address 20 Glover Avenue  
 1st Floor

City State Zip Code  
 Norwalk CT 06850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lincoln Healthcare Group

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2016

**Transaction ID : C3351810**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5525.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joanne E Erickson**

Mailing Address 911 S Randolph St

City

Arlington

State

VA

Zip Code

22204-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

**Transaction ID : C3370339**

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Payroll Deduction: \$50.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Teresa Eyet**

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Education

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

482.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

**Transaction ID : C3370340**

Amount of Each Receipt this Period

107.16

☐ Memo Item

\* Payroll Deduction: \$53.58 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Alan Graham**

Mailing Address 182 West Edge Drive

City

Huntsville

State

TX

Zip Code

77340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nexion Health Corporation

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2016

**Transaction ID : C3351940**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

707.16

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer S Hahs**

Mailing Address 12423 Flint Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 26 / 2016

Transaction ID : C3370343

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Payroll Deduction: \$50.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Gerald Hamilton**

Mailing Address 6000 Whiteman Dr NW

City

Albuquerque

State

NM

Zip Code

87120-2195

FEC ID number of contributing  
federal political committee.

C

Name of Employer

R&G Healthcare Management

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 04 / 2016

Transaction ID : C3345163

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeanne C. Jaeckels**

Mailing Address 12120 24th Street

City

Clear Lake

State

MN

Zip Code

55319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tealwood Senior Living

Occupation

Director of Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

07 / 19 / 2016

Transaction ID : C3356502

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Johnson**

Mailing Address 9403 Mill Brook Road

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KY Assoc of Health Care Facilities

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 18 / 2016

**Transaction ID : C3355617**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David A Kylo**

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

VP, Insurance and Member Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

07 / 26 / 2016

**Transaction ID : C3370346**

Amount of Each Receipt this Period

120.00

☐ Memo Item

\* Payroll Deduction: \$60.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Tricia Lies**

Mailing Address 115 Dutch Lake Trail

City

Howard Lake

State

MN

Zip Code

55349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tealwood Care Center

Occupation

Director of Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 25 / 2016

**Transaction ID : C3370269**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul Liistro**

Mailing Address 1 Meadow Brook Lane

City State Zip Code  
Westport CT 06880-3929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arbors of Hop Brook, LTD

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016

**Transaction ID : C3344905**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marcus Naquin**

Mailing Address 1702 South Elm Street

City State Zip Code  
Hammond LA 70403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hammond Nursing Home

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2016

**Transaction ID : C3359792**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Clifton Porter**

Mailing Address 3929 Azalea Court

City State Zip Code  
Maumee OH 43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
SVP Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2099.26

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2016

**Transaction ID : C3370584**

Amount of Each Receipt this Period

416.66

☐ Memo Item

\* Payroll Deduction: \$208.33 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1166.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christina L Sharp**

Mailing Address 1644 Mount Eagle Pl

City

Alexandria

State

VA

Zip Code

22302-2121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Member Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.48

Date of Receipt

07 / 26 / 2016

Transaction ID : C3370587

Amount of Each Receipt this Period

45.44

☐ Memo Item

\* Payroll Deduction: \$22.72 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Jennifer S Shimer**

Mailing Address 9507 Shelly Krasnow Ln

City

Fairfax

State

VA

Zip Code

22031-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

COO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 26 / 2016

Transaction ID : C3370588

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Payroll Deduction: \$50.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Harmony House Health Care Center LLC**

Mailing Address PO Box 829

City

Brewster

State

WA

Zip Code

98812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 05 / 2016

Transaction ID : C3351811

Amount of Each Receipt this Period

125.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

270.44

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jerry R. Tretwold**

Mailing Address PO Box 829

City

Brewster

State

WA

Zip Code

98812-0829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harmony House Health Care Center LLC

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

**Transaction ID : C3351812**

Amount of Each Receipt this Period

125.00

☒ Memo Item

\*

Full Name (Last, First, Middle Initial)

**B. LAG Associates LP Managers**Mailing Address 8028 Ritchie Hwy  
Ste 210

City

Pasadena

State

MD

Zip Code

21122-1075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : C3370592**

Amount of Each Receipt this Period

1250.00

☐ Memo Item

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

**C. Gary Attman**

Mailing Address 8028 Ritchie Highway

City

Pasadena

State

MD

Zip Code

21122-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAG Associates LP Managers

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : C3370593**

Amount of Each Receipt this Period

1250.00

☒ Memo Item

\*

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00

12039.26

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 17

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 05 2016
**Transaction ID : D175279**

Amount of Each Disbursement this Period

264.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T Merchant Services**

Mailing Address PO Box 200

City State Zip Code  
Wilson NC 27894-0200
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 15 2016
**Transaction ID : D175280**

Amount of Each Disbursement this Period

181.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T**Mailing Address 1099 New York Ave NW  
Ste 100
City State Zip Code  
Washington DC 20001-4452
Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 21 2016
**Transaction ID : D175281**

Amount of Each Disbursement this Period

169.78

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

616.05

616.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Drew Ferguson for Congress Inc.**

Mailing Address PO Box 387

City	State	Zip Code
West Point	GA	31833

Purpose of Disbursement  
Contribution

Candidate Name

**Anderson Drew Ferguson IV**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2016

**Transaction ID : D175032**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NEW MILLENNIUM PAC**Mailing Address ONE GATEWAY CENTER  
SUITE 520

City	State	Zip Code
NEWARK	NJ	07102

Purpose of Disbursement  
Voided Check - Orig Issued 5/17/2016

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

**Transaction ID : D174820**

Amount of Each Disbursement this Period

-1000.00
----------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DIANE BLACK FOR CONGRESS**

Mailing Address PO Box 1437

City	State	Zip Code
Gallatin	TN	37066

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Diane L. Black**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

**Transaction ID : D174823**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee



-5000.00

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

 Memo Item

MM / DD / YYYY

5000.00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

 Memo Item

Amount of Each Disbursement this Period


Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

 Memo Item

7500.00